

Employee Information

Name: Last, First, Middle Initial

Date of Hire

Worksite

Contact Phone Number

New Staff Orientation Training Modules

Employee initial and date upon completion of each training module. Return completed form to LHD Supervisor.

Initial Date

CSHCS and the LHD "Role"
(Guidance Manual Sect. 6)

Family-Centered Care
(Guidance Manual Sect. 2-2.2)

Medical Eligibility
(Guidance Manual Sect. 8)

Enrollment Process, Medical Care and Treatment Benefit
(Guidance Manual Sect. 9, 23 & 12)

Additional Program Benefits
(Guidance Manual Sect. 20, 17, 16, 18, 22 & 26)

Children with Special Needs Fund (CSN Fund)
(Guidance Manual Sect. 24)

Care Coordination/ Case Management
(Guidance Manual Sect. 13 & Sect. 14)

Family Center for Children and Youth with Special Health Care Needs
(Guidance Manual Sect. 4-4.1.D & Sect. 5)

training.mihealth.org- "What is CSHCS?" and "CSHCS-Support Parent Training Course"

Orientation Completion Date _____

Certifying Supervisor

Sign:

Date

Print Name:

Title

Send Copy to CSHCS Accreditation Analyst at larragaA@michigan.gov within 30 days of completion